

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2
43
39
36671

FILED JAN 13 1947

State File No. _____

Registration District No. 318

Primary Registration District No. _____

Registrar's No. 11298

1. PLACE OF DEATH:

(a) County St. Louis Mo
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: 1218 1/2 Marous
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis Mo
(c) City or town St. Louis Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1318 Marous
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Betty Jo E

3. (b) If veteran, name war _____

(c) Social Security No. _____

4. Sex Female

5. Color White

6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____
(Month) (Day) (Year)

1946

8. AGE:

Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

unk

Mo.

10. Usual occupation _____

unk

11. Industry or business _____

unk

MOTHER FATHER

12. Name _____

unk

13. Birthplace _____
(City, town, or county) (State or foreign country)

unk

14. Maiden name _____

unk

15. Birthplace _____
(City, town, or county) (State or foreign country)

unk

16. (a) Informant _____

unk

(b) Address _____

Anatomical Board

17. (a) (Burial, cremation, or removal) _____

(b) Date thereof _____
(Month) (Day) (Year)

(c) Place: burial or cremation _____

Washington

18. (a) Signature of funeral director _____

W. R. Rutter

(b) Address _____

2500 Rutger St

19. (a) _____

DEC 21 1946

J. F. Bredeck
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3
year 1946 hour _____ minute 50 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Atellectasis Both Lungs

Due to _____
W. M. G.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed 12/26/46

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.